

UNITED NATIONS  
**Health4Life  
Fund**



## Zambia Country Proposal

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## 1. Proposal Overview

Contacts	<i>Resident Coordinator or Focal Point in their Office</i> <i>Name: <u>Ms. Beatrice Mutali</u></i> <i>Email: <a href="mailto:beatrice.mutali@un.org">beatrice.mutali@un.org</a></i> <i>Position: <u>UN Resident</u></i> <i><u>Coordinator</u> Telephone:</i>
Country	Zambia
Project Title	<b>Enhancing Youth Health through Governance and Policy for NCD and Mental Health Prevention</b>
Total Project Budget	USD 1,149,065.42
Total Budget by Agency	Agency 1: WHO – WHO will contribute USD 50,000 in-kind Agency 2: UNDP – UNDP will contribute USD 50,000 in-kind Agency 3: UNICEF - UNICEF will contribute USD 50,000 in-kind
Budget requested from H4LF	<a href="#">USD: 999,065.42</a>
Budget requested from H4LF by Agency	Agency 1: WHO – 445,806.94 Agency 2: UNDP – 388,393.00 Agency 3: UNICEF– 164,866.00
Co-funding	Source and amount (1), WHO: USD 50,000 Source and amount (2), UNDP: USD 50,000 Source and amount (3), UNICEF: USD 50,000
Project Anticipated Start	May 2025
Project Anticipated End Date	April 2028
Project Duration	36 months
Funding Window	<i>Pillar 2 Risk Factor Reduction</i>

Project Description	<p>This project aims to address the rising burden of Non-Communicable Diseases (NCDs) and mental health conditions in Zambia, focusing on vulnerable groups, particularly adolescents and youth aged 10-29. Recognizing that 70% of premature adult deaths stem from behaviors adopted during adolescence, the project seeks to reduce risks associated with NCDs and encourage positive health behaviors. The effort will address the major risk factors for NCDs, particularly Tobacco use, Alcohol misuse, physical inactivity and unhealthy diets. Interventions will focus on policy development with a focus on revision of the Liquor Licensing Act of 2011 and the National Alcohol Policy to better regulate alcohol use and production. It will also include advancing efforts for enactment of the tobacco control legislation aligned with the WHO Framework Convention on Tobacco Control (WHO FCTC). It will support the development of standards, guidelines and regulations for regulating the sale of unhealthy foods such as Sugar Sweetened Beverages.</p> <p>Behavior change models for adolescents and youth will be developed, targeting behaviors like alcohol misuse, tobacco use, unhealthy diets, and physical inactivity, which increase NCD risks. The project will introduce innovative approaches in schools, vocational centers, universities, and communities. Interventions will be supported by comprehensive public awareness campaigns on the risks of tobacco, alcohol, unhealthy diets, and NCDs, as well as reducing the stigma around mental health. The project will leverage digital tools to enhance outreach and awareness efforts.</p> <p>The project will also expand access to services for adolescents and youth, particularly counseling and support, in primary healthcare, schools, and community centers. Building the capacity of healthcare workers in mental health services is critical to this goal. Through collaboration with educational institutions, the project will integrate NCD prevention into school curricula. The project will use a multisectoral approach within the framework of the National Health in All Policies Framework (HIAP) 2022-2026 which promotes cross sector collaboration between health and other sectors. Expected outcomes include reduced exposure of young people to NCD risk factors resulting from a strengthened legal and policy environment, increased awareness about NCDs risk factors, better youth-focused mental health services and stronger public support for health initiatives.</p>
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Geographical Scope	<p>This project will be implemented nationwide across Zambia, with a special focus on the following key areas: -</p> <ol style="list-style-type: none"> <li><b>1. Urban Centers:</b> <ul style="list-style-type: none"> <li>• Lusaka Province (Lusaka district)</li> <li>• Copperbelt Province (Ndola and Kitwe districts)</li> <li>• Southern Province (Livingstone district)</li> </ul> </li> <li><b>2. Rural Areas:</b> <ul style="list-style-type: none"> <li>• Eastern Province (Lundazi District)</li> <li>• Northern Province (Mufumbwe District)</li> <li>• Western Province (Kalabo District)</li> <li>• Southern Province (Sinazongwe District)</li> </ul> </li> </ol> <p>These areas have been selected to ensure a balanced approach, addressing both densely populated urban centers and under-served rural regions. The aim is to achieve comprehensive coverage and maximum impact, reaching diverse demographic groups across the country through policy action while showcasing best practice interventions in these selected parts of the country.</p>
Convening /Lead UN Organization	<b>Name of Organization:</b> World Health Organization (WHO)
	<p><i>Representative: Dr Nathan Bakyaita</i>  <i>Email: <a href="mailto:Bakyaitan@who.int">Bakyaitan@who.int</a>,</i>  <i>Phone: +260-97135818</i></p> <p><i>Project manager: Ms. Nora Mweemba, Health Promotion and Social Determinants Officer</i>  <i>Email : <a href="mailto:mweemban@who.int">mweemban@who.int</a>, Phone : +260-977873976</i></p> <p><i>Finance officer: Ms. Anne Sikazwe, Operations Officer a.i,</i>  <i>Email: <a href="mailto:sikazwea@who.int">sikazwea@who.int</a>, Phone: +260-770936493</i></p>

Participating UN Organization(s) (PUNOs)	<p><b>Name of Organization:</b> United Nations Development Programme (UNDP)  <i>Representative: James Wakiaga</i>  <i>Email: <a href="mailto:James.wakiaga@undo.org">James.wakiaga@undo.org</a></i>  <i>Phone: +260-977854204</i></p> <p><i>Project manager: Saleban Omar, Senior Programme Adviser</i>  <i>Email : <a href="mailto:saleban.omar@undp.org">saleban.omar@undp.org</a></i>  <i>Phone: +260-975631603</i></p> <p><i>Finance officer: Ms. Getrude Moyo, Finance Analyst</i>  <i>Email: <a href="mailto:getrude.moyo@undp.org">getrude.moyo@undp.org</a></i>  <i>Phone: +260-211386200 Ext. 274</i></p> <p><b>Name of Organization:</b> United Nations Children's Fund (UNICEF)  <i>Representative: Dr Penelope Campbell</i>  <i>Email: <a href="mailto:pcampbell@unicef.org">pcampbell@unicef.org</a></i>  <i>Phone: +260-971579576</i></p> <p><i>Project manager: Dr Rodgers Mwale, Health Specialist</i>  <i>Email: <a href="mailto:Rkmwale@unicef.org">Rkmwale@unicef.org</a></i>  <i>Phone: +260-966784501</i></p> <p><i>Finance officer: Mr. Jack Susiku, Finance Officer</i>  <i>Email: <a href="mailto:jsusiku@unicef.org">jsusiku@unicef.org</a></i>  <i>Phone : +260-977629710</i></p>
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Implementing Government Entity(ies)	<p><b>Ministry of Health</b></p> <p>Responsible government official:  <i>Dr. George Sinyangwe, Permanent Secretary, Donor Coordination,</i>  <i>Email : <a href="mailto:ps@moh.gov.zm">ps@moh.gov.zm</a>, Phone : +260-211253040</i></p>
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**Ministry of Finance**

Responsible government official:

*Ms. Lois Mulube, Ag. Permanent Secretary*

*Email: [treasurybriefs@mofnp.gov.zm](mailto:treasurybriefs@mofnp.gov.zm), Phone: +260-211253512*

**Ministry of Education**

Responsible government official:

*Mr. Joel Kamoko, Permanent Secretary, Technical services,*

*Email: [Edu.information@edu.gov.zm](mailto:Edu.information@edu.gov.zm), Phone: +260 211 253502*

**Ministry of Trade, Commerce and Industry**

Responsible government official:

*Ms. Lillian Bwalya, Permanent Secretary, Commerce & Trade*

*Email: [info@mcti.gov](mailto:info@mcti.gov); Phone: +260-211228301,*

**Ministry of Local Government and Rural Development**

Responsible government official(s):

*Mr. Nicholas Phiri, Permanent Secretary, Technical Services*

*Phone: +260 -211- 250528/+260 -211- 250732*

*Email Address: [PS@MLGRD.GOV.ZM](mailto:PS@MLGRD.GOV.ZM)*

**Ministry of Youth, Sport and Child Development**

Responsible government official:

*Mr. Chileshe Kangwa, Permanent Secretary,*

*Email : [info@MYSCD.gov.zm](mailto:info@MYSCD.gov.zm), Phone : +260211224011*

Other Implementing Partners	<p><i>Representative(s):</i></p> <p><i>NCDS Alliance</i>  <i>Name: Professor Fastone Goma</i>  <i>Position: Director, NCDS Alliance</i>  <i>Email: gomafm@yahoo.co.uk</i>  <i>Phone: +260-977772301</i></p> <p><i>The Youth Platform</i>  <i>Name: Sibu Mulambo</i>  <i>Position: Executive Director the Youth Platform</i>  <i>Email: <a href="mailto:ibumalambo@gmail.com">ibumalambo@gmail.com</a></i>  <i>Phone : +260-977881941</i></p>
Cross-cutting Issues	<p><u><a href="#">Gender Equality Marker</a></u> score (circle one):</p> <ul style="list-style-type: none"> <li>• <i>GEM0 (no contribution)</i></li> <li>• <input type="checkbox"/> <i>GEM 1</i></li> <li>• <input checked="" type="checkbox"/> <i>GEM 2</i></li> <li>• <i>GEM3 (principal objective)</i></li> </ul> <p><i>Human Rights considerations: (max 100-word summary)</i></p> <p>This innovative program is anchored on a human rights-based approach to non-communicable diseases (NCDs) and mental health, ensuring the highest standards of participation, equality, and non-discrimination. With its human centered design (HCD) approach, it actively engages various sectors, key communities, and vulnerable groups, including women, youth, and individuals with mental conditions. The project focuses on four districts across four provinces and four major urban settlements with the highest NCD burden, ensuring inclusivity and leaving no one behind.</p>
Risk Level	<i>Low/<b>Medium</b>/High</i>
Keywords	<i>Non-Communicable Diseases; NCDs Risk Factors, Mental Health; Policy Development, Primary Health Care, Awareness Raising; Reducing NCDs Burden, Health Sector Finance Sustainability; Youth.</i>

## 2. Proposal Narrative

### 2.1 Country context and problem statement

Zambia is experiencing an alarming rise in the burden of non-communicable diseases (NCDs) and mental health conditions which have significant consequences on morbidity and mortality. The most common NCDs in the country include chronic respiratory diseases, cardiovascular diseases (CVDs), diabetes mellitus (Type II), cancers, epilepsy, mental illnesses, oral health, eye diseases, injuries (mostly due to road traffic accidents and burns) and sickle cell anaemia. According to [WHO](#), NCDs accounted for 29% of all deaths in Zambia in 2016. The 2019 Investment case on [NCDs report for Zambia](#) showed that NCDs cost the Zambian economy an estimated 6% of its GDP every year and that investing in their prevention and management would save the country more than 13,420 lives over 15 years.

NCDs are associated with behaviours that begin or are reinforced during adolescence, including tobacco and alcohol use, poor eating habits, and lack of exercise. Media influences and the targeted marketing of unhealthy products and lifestyles for adolescent are on rise. [WHO](#) estimates that 70% of premature deaths in adults worldwide are the result of behaviors begun in adolescence. Since habits adopted during adolescence are likely to persist in adult life, it is important to identify, prevent and manage harmful behaviors related to NCDs early. Policies and legislation to protect adolescents from harmful substances such as tobacco, alcohol and foods containing high levels of saturated fats, trans-fats, sugar and salt, should be critical components of national programmes to prevent behaviours that increase the risk of NCDs. Equally, school-based interventions can promote protective behaviours among the adolescents.

Zambia has a young population, according to the [2022 population census report](#), 65% of Zambians are under age 25, and over half—52% under the age of 18. These young people are increasingly at risk of exposure to NCD risk factors. The [2021 Global Youth Tobacco Survey \(GYTS\)](#) for Zambia revealed that 25.6% of youths aged 13-15 used some form of tobacco. Among students who currently smoke cigarettes and tried to purchase cigarettes, 59.3% were not prevented from buying them because of their age. According to [the 2023 WHO report on the Global Tobacco Epidemic](#), effective tobacco control measures particularly making all public indoor places and workplaces completely smoke-free, mandating large, graphic health warnings on all tobacco products, banning all forms of tobacco advertising, promotion and sponsorship and making tobacco products less affordable by increasing taxes have not yet been put in place by the government. This situation is compounded by weak enforcement of existing pieces of legislation. Therefore young people continue to be vulnerable to harmful consequences of tobacco use.

Poor eating habits/unhealthy diets of food containing high levels of saturated fats, trans-fat, sugar and salt lead to weight gain and adverse metabolic changes. An unhealthy diet also leads to overweight/obesity and various nutritional deficiencies and is an important determinant of health which can lead to increases in blood pressure, unfavourable cholesterol levels and increased resistance to insulin. They raise the risks of coronary heart diseases, stroke, diabetes



mellitus, and many forms of cancer.

Adolescents who begin drinking earlier are more likely to become dependent on alcohol within 10 years than those who begin drinking at an older age. There is a direct relationship between harmful levels of alcohol consumption and NCDs such as cancers and cardiovascular disease. Alcohol misuse also increases risk of road traffic accidents, unprotected sex, intentional and unintentional injuries, poor mental health, and gender-based violence. A 2022 review of the 2015 National Youth Policy indicated that alcohol misuse was identified as a significant harmful practice affecting the youth. The [National Youth Policy 2024](#) indicates that according to the 2022 consultation report on the review of the 2015 National Youth Policy, alcohol misuse was listed as the most harmful practice by 96% of the youth interviewed while substance abuse caused most of the mental health challenges.

Although the Liquor Licensing Act of 2011 regulates production, distribution, selling and buying, and to some extent consumption of alcohol, enforcement is inadequate. The National Alcohol Policy implementation is hampered by inadequate resources and needs to be updated to reflect current challenges. There is inadequate inspection of alcohol production centres, illegal sales outlets within the communities, unlicensed distribution and selling points, underage drinking and non-adherence to operational hours by liquor traders. There are no consistent health promotion campaigns to provide information to the youth and the general population on dangers of alcohol misuse.

Poor mental health in adolescence is one of a number of factors influencing risk-taking behaviour, including self-harm; use of tobacco, alcohol and drugs; risky sexual behaviours; and exposure to violence. The effects of all these persist and can have serious implications throughout life. Mental conditions have continued to increase and are estimated to affect approximately 20% of Zambia's population. These include alcohol-induced disorders, schizophrenia, bipolar disorders, depression, and drug-induced conditions. According to [WHO](#), globally, one in seven 10-19-year-olds experiences a mental disorder, accounting for 15% of the global burden of disease in this age group. Depression, anxiety and behavioural disorders are among the leading causes of illness and disability among adolescents. Suicide is the third leading cause of death among those aged 15–29 years old. For Zambia, [The State of the Youth Report \(2023\)](#) shows that youth aged 18 to 29 years accounted for the largest population that had attempted suicide 12 months prior to its publication.

There are resource and multi-sectoral implementation gaps that limit the access to quality and equitable mental health services for the young people. There is only one specialized hospital and a limited number of hospitals offering services in the country. [Research](#) shows that inadequate trained human resources and the reliance on traditional medicine contribute to poor access to care. Other compounding factors are limited awareness about mental health, stigma, cultural factors and poor care seeking practices.

Physical inactivity/insufficient physical activity and unhealthy sedentary behaviors are on the rise. Zambia is a highly urbanized country; the rapid urbanization is also a driving force behind

these risks. Inactivity may lead to high blood pressure and overweight/obesity, which can trigger NCDs, such as cardiovascular diseases, diabetes, and cancers in adulthood.

Consumption of food containing high levels of saturated fats, trans-fat, sugar and salt lead to weight gain and adverse metabolic changes. Unhealthy diet also leads to overweight /obesity and various nutritional deficiencies. The STEPS survey revealed that unhealthy diet and physical inactivity were notable risk factors with low fruit consumption at an average of 2.1 days out of the recommended 7 days. It also shows that 90% of Zambians consumed less than the 5 servings of vegetables per day. The study also revealed that consumption of salt is very high in the population with 39.8% adding salt to their diet. An [analysis](#) of the policy landscape on nutrition related non-communicable diseases and sugar sweetened beverages in the country shows that government responses to nutrition-related non-communicable diseases were developed in an incoherent policy environment. The general public were also poorly informed about nutrition-related non-communicable diseases. The STEPS survey revealed that 10% of Zambian population do not engage in sufficient physical activities.

The 2019 Investment case on [NCDs report for Zambia](#) recommends reducing the prevalence of behavioural risk factors for NCDs through raising awareness of the true costs of NCDs and the enormous development benefits of investing in the five intervention packages of proven, cost-effective best-buys. These include passing the comprehensive tobacco control law; increasing tobacco and alcohol excise taxes and allocations of revenue towards NCD prevention and control and to strengthen national coordination mechanisms. The 2022-2026 National Health Strategic Plan aims to reduce NCD-related mortality to 16% by 2026, in alignment with the Sustainable Development Goals (SDGs). However, funding for the health sector remains below the Abuja Declaration target of 15% of the national budget.

According to the World Bank, government expenditure on health was 9.6% of total government expenditure in 2017 and dropped to 8% in 2021. Despite these allocations, funding specifically for NCDs in Zambia remains disproportionately low compared to other health priorities. Achieving the country's goals for addressing NCDs and mental health among young people requires addressing policy, legislative and regulatory gaps, enhancing community sensitization, improving the delivery of youth focused behaviour change interventions and provision of mental health services in various settings.

**2.2 Describe the proposed intervention and its alignment with evidence-based global guidelines such as WHO NCD Global Action Plan and/or Comprehensive Mental Health Action Plan targets and/or other UN system guidelines.**

#### **Health4Life Fund [window](#): Pillar two (Risk Factor Prevention)**

The project seeks support through the Health4Life Fund to implement interventions that will catalyze effective responses in political, financial, and technical areas in order to set the pace for heightened and sustained multi-sectoral action for the prevention and control of NCDs and the promotion of mental health among the adolescents and youth. The project has two key components which include transformative policy, regulation, and multisectoral

coordination and developing delivery models for behavior change and mental health services amongst youth. Tailored strategies will be implemented to reach all adolescents including those with disabilities, in school and out-of-school adolescents; orphans; those suffering from chronic health conditions; pregnant adolescents; those exposed to violence; and those in humanitarian emergencies.

#### **i. Component 1: Transformative policy, regulation, and multisectoral coordination**

This component aims to strengthen the policy, legislative and regulatory environment to reduce risk factors among the youth. It aligns with the [WHO NCD Global Action plan](#) 2013 - 2030 which has among other objectives to reduce modifiable risk factors for NCDs and to strengthen multisectoral action and partnerships to accelerate country response for the prevention and control of NCDs. It is also anchored on the 2018 guidelines of the [third Political Declaration of the UN General Assembly](#) particularly those to reduce tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity. In line with the declaration, it will also promote and implement policy, legislative and regulatory measures, including fiscal measures as appropriate, aiming at minimizing the impact of the main risk factors for NCDs and promote healthy diets and lifestyles; through multisectoral national responses.

The Global Action Plan has set ambitious targets to which the project will aim to contribute: 25% relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases. At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context. A 10% relative reduction in prevalence of insufficient physical activity. A 30% relative reduction in mean population intake of salt/sodium. A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years. A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances.

The Global Plan also urges countries to commit to mobilize and allocate adequate, predictable and sustained resources for national responses to NCDs and to promote mental health and well-being, through domestic, bilateral and multilateral channels, including international cooperation and official development assistance, and continue exploring voluntary innovative financing mechanisms and partnerships, including with the private sector, to advance action at all levels.

The specific areas of action are the following: -

##### ***Regulation of the sale and supply of alcohol***

The focus will be on updating the **Alcohol Licensing Act** and the **National Alcohol Policy** in order to create an environment that better protects young people from the harmful effects of alcohol misuse, reducing associated risks for both NCDs and mental health conditions. The proposed amendments to the Alcohol Licensing Act aim to regulate the sale and supply of alcohol more

effectively. This will involve advocacy for higher taxes on alcohol in order to reduce affordability, stricter laws to reduce access to cheap alcohol, which is often smuggled into Zambia, and strengthening enforcement mechanisms to prevent young people from purchasing alcohol or entering drinking establishments.

### ***Enactment of a Comprehensive Tobacco Control Law***

This project will support advocacy efforts and collaborative action with parliamentarians, civil society, the Ministry of Justice and other ministries (health, finance, agriculture) to pass the Tobacco Control Bill in line with WHO's Framework Convention on Tobacco Control (WHO FCTC). The key provisions are smoke free environments, bans on advertising and sponsorship, regulation of contents, labelling and health warnings including taxation. If implemented, these provisions will protect young people.

### ***Regulating sodium and sugar content in processed foods***

Advocacy for and collaboration in development, implementation and monitoring of the national policy/strategy/ and standards on the reduction of sodium and sugar content in processed foods. Specific standards will be developed in collaboration with the Zambia Bureau of Standards to guide the required content in processed foods through multi-sectoral action involving the Ministry of Commerce, Trade and Industry, the Ministry of Health, food manufacturers and other stakeholders.

### ***Implementation of health taxes and establishment of a Health Promotion Fund***

The MOH and other line ministries will advocate, collaborate and support the Ministry of Finance and National Planning to create effective health tax policies and advocate for a transparent allocation criterion to NCD prevention and control programs. This will cover all products known to be harmful to human health e.g. tobacco and nicotine substitutes, alcohol and sugar sweetened beverages in line with WHO's technical manuals on [Alcohol tax policy](#) and [Sugar Sweetened Beverages taxation policy](#). Intensive advocacy and collaboration with the Ministry of Finance and National Planning will be conducted to establish a dedicated Health Promotion Fund on the basis of allocation to health.

### ***School health policies***

The project will contribute to strengthening the existing School Health and Nutrition Policy to ensure integration of NCD prevention and promotion including explicit school-based curricula and interventions for addressing NCD risk factors, mental health promotion and suicide prevention. It seeks to create improved understanding of the importance of mental health in the school setting and to guide the implementation of strategies to promote, protect and restore mental health among their students. The programme support the introduction of curriculum-based initiatives to create school environments that promote nutrition and physical activity. The aim is to empower schools, teachers, and students to improve their

health by giving them the knowledge, tools, and motivation to set and meet health goals such as promoting healthy eating and exercise.

### **National Multisectoral Coordination for NCDs**

The project will foster strengthened multisectoral coordination for NCDs involving collaborative efforts across sectors such as agriculture, commerce, health, education, social services, finance, and private sector to create a unified response within the framework of the National Health in All Policies strategy. A National Coordinating Mechanism will be established to strengthen coordination and resource mobilization plans.

#### **ii. Component 2: Developing delivery models for behavior change and mental health services amongst youth**

Beyond policy and structural changes, interventions will be put in place to promote protective factors such as a positive sense of self, good decision-making skills; and strong, supportive relationships in all aspects of adolescents' lives. Psychosocial interventions to promote positive mental health and prevent mental health conditions will help adolescents to learn techniques to positively influence their behaviour, thoughts, feelings, and social interactions. Such interventions are wide-ranging and could include, for instance, life skills training in schools, group-based psychological interventions, family-based approaches, online programmes for prevention of anxiety and depression and social interventions.

This component will enhance delivery of youth focused mental health service delivery at the primary healthcare level and other settings such as schools, youth resource centers, and community hubs. It is aligned to WHO's [Comprehensive Mental Health Action Plan 2013-2030](#) particularly in its focus area on promoting mental health literacy, reducing stigma, and delivering mental health services tailored to the specific needs of young people. It also responds to the action plan's strategy for reducing the suicide rate by one-third by 2030, ensuring that mental health services are both accessible and responsive to youth. It is also in line with the [Helping Adolescents Thrive \(HAT\) Initiative is a joint WHO-UNICEF effort](#) to strengthen policies and programmes for the mental health of adolescents and the [WHO Guidelines on mental health promotive and preventive interventions for adolescents](#).

The interventions recommended will be delivered in school and community settings and through digital platforms. The programmes will use a multi-level approach with varied delivery platforms such as for example, digital media, health or social care settings, schools or the community – and varied strategies to reach adolescents, particularly the most vulnerable. Universally delivered psychosocial interventions will be provided for all adolescents to promote positive mental health, as well as prevent and reduce suicidal behaviour, mental disorders (such as depression and anxiety), aggressive, disruptive and oppositional behaviours, and substance use. The priorities include expanding services for adolescents and young adults to address the

rising issues of substance abuse, stress, and depression. Interventions Using school clubs as a platform, talks at assemblies, quizzes, talk shows, group discussions and debates. Students will be provided with printed materials including messages about alcohol use and abuse. The project will foster positive peer learning and influence and also raise awareness among teachers about the prevention of alcohol use and abuse.

This component will also focus on using behavioural insights to design effective behaviour change models for reducing exposure to risk factors. Family and peers are particularly influential and can ensure a sense of connectedness and model good health behavior.

### ***Developing effective models of communication on NCD risk factors and mental health***

Digital tools, such as mobile applications and social media platforms including Facebook, WhatsApp and Tik-Tok among others will be used to deliver targeted messages and interactive content to engage youth. Behavioural insights will be applied to design and test interventions that effectively change youth behaviours. These interventions will address barriers and enablers to adoption of protective behaviours such as healthy eating habits, avoiding alcohol abuse and tobacco use, engaging in physical activity such as sports. Behavioural Insights will also be used to understand youth perceptions and develop intervention models for promoting mental health and preventing suicide.

### ***Integrating NCD prevention including mental health into the education curricula***

This will involve adapting communication packages that can be integrated into curricula in schools, colleges, universities, national youth resource centres and communities. Models for integrating mental health in schools will be developed with a focus on mental health promotion, services for screening and referral to primary health care services.

### ***Supporting strengthening of youth friendly mental health services at primary healthcare (PHC) level and in the community***

Building capacity of healthcare worker at PHC level in mental health care will ensure they have the skills and knowledge to provide effective support and treatment to adolescents and young adults.

***Creating pathways for peer-to-peer counseling*** by involving young people as health champions and peer mentors to promote understanding of mental health condition and the importance of seeking help.

### ***Utilizing digital tools***

These include tele-health services, online counselling platforms, and mental health applications to increase access to mental health services.

## Value addition and innovation

The value add of this project lies in its evidence-based interventions, which are aligned with global guidelines as indicated above. By leveraging data-driven strategies, the project will ensure effectiveness in achieving measurable outcomes. Additionally, the project enhances multi-sectoral collaboration, engaging sectors beyond health, including education, finance, commerce, trade and industry, the food industry, civil society, and local communities. This holistic approach creates a comprehensive response to NCDs, addressing multiple drivers of these diseases and fostering stronger community participation.

Several innovative approaches will be introduced to maximize the impact and sustainability of the interventions. These include: -

1. **Regulatory change as an enabler:** The project advocates for the amendment of key laws, such as the Alcohol Licensing Act, tobacco control bill, standardization of sodium and sugar contents in processed foods and creation of health taxes to reduce NCD risk factors. These regulatory changes will act as fundamental enablers, ensuring the policy environment is conducive to long-term health improvements.
2. **Data-Driven Interventions:** The project will utilize cutting-edge data analytics to tailor interventions to the specific needs of the population, ensuring efficient resource allocation and targeting high-risk groups more effectively.
3. **Strengthening Multi-Sectoral Governance:** By building on Zambia's existing NCD governance structures, the project will improve coordination across sectors and enhance accountability for NCD outcomes. This governance strengthening will create a foundation for future sustainability of interventions.
4. **Innovative Financing Mechanisms:** The project will explore and leverage social impact bonds and other innovative financing solutions to ensure that the interventions can be scaled up and sustained beyond the project lifecycle.

**The project targets young people** through creative, interactive educational content in schools and universities. The youth will be engaged through traditional health education, peer support models, use of sports and other physical activities aiming to raise NCD awareness and promote healthy behaviors and healthy living. This component will leverage on the activities and impact of the ongoing UN-Government of Zambia Joint Programme on Youth being implemented by the Ministry of Youth, Sport and Arts. By involving youth and youth-serving organizations in program design and implementation, the project ensures relevance and empowers youth as health advocates in their communities.

**Use of Behavioral Insights:** Behavioral Insights collect information to support the design of interventions that influence health behaviours by understanding psychological, social, and environmental factors that determine behaviours. Structured data collection methodologies such as surveys or focus group discussions will be conducted to determine the barriers and

enablers to protective behaviours. The insights gathered will inform the design of the interventions. The use of techniques such as nudging in intervention design will encourage healthier habits, aiming for sustained behaviour change crucial for NCD prevention and control.

### **2.3 Describe the policy environment and political support vis a vis the identified problem and proposed solution.**

The Government of the Republic of Zambia prioritizes health as a catalyst for socioeconomic development. [The Vision 2030](#) aims to transform Zambia into a middle-income country, as articulated also in [the 8th National Development Plan \(8NDP\)](#) 2022-2026 and [The National Health Strategic Plan 2022-2026](#).

The National Health Strategic Plan has the goal to reduce the incidence and prevalence of NCDs through early detection and management of NCDs at primary care level and to provide evidence for programming and policy making on NCDs prevention and control. It also has a goal to mitigate the mental health disease burden through comprehensive promotional, preventive, curative and rehabilitative services.

Zambia has a variety of disease-specific strategies, such as the Mental Health Act (2019), the National Cancer Control Strategic Plan (2022-2026), and regulations addressing substance abuse, e.g., Tobacco Regulations of 1992 and The Local Government Prohibition of Smoking in Public Places Regulations of 2008. However, many of these policies are outdated or inadequately enforced. For instance, the tobacco regulations of 1992 do not reflect current global best practices like plain packaging, higher taxes on tobacco products, or stringent penalties for non-compliance. Similarly, while there is a Liquor Licensing Act of 2011, it lacks the necessary enforcement mechanisms to effectively reduce alcohol-related harm.

Despite the government showing commitment through initiatives such as the National Alcohol Policy and the newly launched National Youth Policy (2024), the overall approach to managing NCDs remains fragmented. Separate policies for specific diseases, such as cancer and mental health, fail to address NCD risk factors in an integrated manner. The forthcoming multisectoral NCD Strategic Plan is expected to fill this gap by integrating key areas such as cancer control, substance abuse, and mental health into a unified strategy. The proposal supports this integration by focusing on updating and modernizing outdated legislation, strengthening enforcement mechanisms, and aligning policies with contemporary health challenges.

There is also a notable policy gap in the limited focus on preventive measures and health promotion. Existing policies tend to emphasize disease management, neglecting risk factor control. The proposal's focus is on health promotion campaigns and preventive actions directly respond to this gap.



The limited financial resources dedicated to NCDs, and mental health programmes pose a significant challenge. While the Ministry of Health's Non-Communicable Diseases unit receives some budgetary allocation, it is insufficient to meet the growing demand for NCD prevention and management. The proposal addresses this gap by advocating for innovative financing solutions for health fund, such as public-private partnerships, social impact bonds, and health taxes which are essential to ensure the sustainability of NCD and mental health programs in Zambia.

## **2.4 Describe how the proposed intervention is aligned with country-level NCD and/or mental health priorities and existing government plans and programmes.**

The proposed intervention aligns with Zambia's national priorities for NCD prevention and mental health, as outlined in the **National Health Strategic Plan (NHSP) 2022-2026** and the **National NCD Strategic Plan**. A key focus of the intervention is implementing behavior change models that use digital tools, mobile apps, and social media platforms such as Facebook, WhatsApp, and TikTok to engage youth and promote healthier behaviors. These strategies are directly aligned with the NHSP's emphasis on community engagement, particularly targeting youth to reduce risk factors related to tobacco, alcohol, and unhealthy diets. The intervention also provides advocacy for the passage of the **Tobacco Control Bill**, which aligns with WHO's Framework Convention on Tobacco Control (FCTC) and supports amendments to the **Liquor Licensing Act** and revisions to the **National Alcohol Policy** to better protect young people from harmful alcohol consumption.

Another key alignment with national priorities is the proposal to establish a **Health Promotion Fund** funded through health taxes on tobacco, alcohol, and sugar-sweetened beverages. This fund will ensure sustainable financing for NCD prevention and control programs, supporting Zambia's long-term health financing goals. The project advocates for transparent allocation of these tax revenues, aligning with WHO's technical guidelines on taxation policies. Additionally, the intervention collaborates with national bodies like the **Zambia Bureau of Standards** and the **Ministry of Commerce, Trade, and Industry** to regulate sodium and sugar content in processed foods. By reducing these harmful ingredients, the intervention addresses key dietary risk factors contributing to NCDs, supporting Zambia's **National Food and Nutrition Policy**.

The intervention also aligns with Zambia's **National Mental Health Policy** by strengthening mental health services at the primary healthcare level and in schools, with a focus on youth-friendly services. Furthermore, the project promotes **multisectoral coordination** by working with various stakeholders, including ministries, civil society, and the private sector, to create a unified response to NCDs and mental health. This approach supports Zambia's **Health in All Policies (HiAP)** strategy, ensuring more effective coordination and implementation of interventions, ultimately contributing to the country's broader health goals.

Past activities and lessons informing the proposed intervention:

**Community engagement:** NGOs like Strong Minds and Grassroots Soccer show that involving youth in mental health initiatives through mentorship, group therapy, and sports can support mental health and suicide prevention. These models will be strengthened with innovative methods like behavioral insights.

**Multi-sectoral collaboration:** Partnerships between the Ministries of Education and Health and stakeholders in school health campaigns have successfully addressed adolescent health, non-communicable diseases, and substance abuse. Platforms like Technical Working Groups on school and mental health have improved collaboration.

**Youth-friendly health services:** The Ministry of Health's youth services, including counseling and HIV prevention, offer a foundation to involve youth in the project and enhance their participation.

**Youth awareness campaigns:** Social marketing for HIV and condom promotion in Zambia has effectively reached the youth. This foundation can support new approaches for behavior change, particularly in preventing tobacco use, alcohol misuse, and promoting physical activity, backed by behavioral insights for evidence-based communication.

### Complementary Initiatives

Several complementary initiatives are currently ongoing which relate to the proposed intervention: The Global Fund provides significant support for health programs including NCD prevention and control; WHO supports various health initiatives including the implementation of the WHO NCD Global Action Plan; equally UNICEF, UNDP and other UN agencies, as well as bilateral and multilateral partners support health programs in Zambia. Numerous local NGOs and civil society organizations are also active in NCD prevention and mental health promotion. Coordination and information sharing is crucial to avoid duplications.

## 2.5 Describe the proposed intervention's alignment with the country support plans of the UN agencies involved in developing the proposal and the country's United Nations Sustainable Development Cooperation Framework.

### Alignment with WHO strategy

The General Programme of Work (GPW), the World Health Organization's strategic document focuses on the [triple billion targets to](#) achieve measurable impacts on people's health at the country level and this work is linked to the SDGs. This project is aligned with targets for universal health coverage and for better health and well-being. The project's component for promoting healthy lifestyles and addressing NCD risk factors is aligned with the health promotion outcomes in the objectives of WHO's Mental Health Global Plan. It is also aligned with WHO's Global Action Plan on NCDs which has objectives for reducing risk factors, strengthening the policy environment and strengthening health systems. WHO's Country Cooperation Strategy includes non-communicable diseases and mental health

among its priorities.

### **Alignment with UNDP Strategy**

The United Nations Development Programme (UNDP) supports Zambia's efforts to build resilience, reduce inequalities, and achieve sustainable development. The project's focus on strengthening national coordination and planning for NCD prevention and control contributes to building a more resilient health system and is aligned with the UNDP approach. By targeting marginalized and vulnerable groups, particularly young women and men, the project ensures that health interventions are inclusive, supporting UNDP's goal of reducing inequalities. The project's emphasis on preventive health measures, such as regulations aimed at reducing sodium and sugar in processed foods, passing a comprehensive tobacco bill and supporting sustainable health financing, also align with UNDP's commitment to sustainable development by addressing the root causes of health issues and promoting long-term well-being.

### **Alignment with UNICEF strategy**

UNICEF has committed to support Zambia to strengthen the health system's capacity at national and sub-national level, including in addressing emerging public health issues such as non-communicable diseases. This programme is aligned with both the UNICEF Global Multisectoral Operational Framework for Mental Health and Psychosocial Support on developing multisectoral programmes across the social ecological model, across the life course, and across the mental health continuum of prevention, promotion and treatment to improve the mental health of children, adolescents, and their caregivers. It is also aligned to the UNICEF Regional Programme Note and priorities for Mental Health and Psychosocial Wellbeing and is in coherence with UNICEF's Strategic Plan 2022-2025, which sets forth Social and Behaviour Change as a strategy for the "achievement of the Sustainable Development Goals and realizing children's rights".

### **Alignment with the UN Sustainable Development Cooperation Framework (UNSDCF)**

The project is equally well aligned with the country's [United Nations Sustainable Development Framework for 2023 to 2027](#), particularly Pillar 2, the "People" Pillar through which the UN is working to improve the well-being of Zambians by addressing and integrating service provision for health, education and skills with a focus on the present and the future. Outcome 2 states that "By 2027, all people in Zambia, including the marginalized and vulnerable groups, have equitable access to and utilization of quality, inclusive and gender- and shock-responsive universal social services". One of its outputs is *"More people, particularly the marginalized and vulnerable groups, are empowered to identify, demand, and utilize quality, inclusive and gender and shock responsive universal health services"*.

The project is also aligned to the UNSDCF strategic objective on *Peace* which is aimed at enhancing national efforts on human rights, inclusive governance, foster inclusion, safety, gender equality, access to justice, and sustaining peace.

**2.6 Describe the country-level multisectoral entity/collaborative group that has led this proposal development and will oversee implementation of the proposed interventions and activities in the proposal, and monitoring and evaluation.**

*Table 1: Stakeholder mapping*

Entity/ Organization	Capacities	Resources	Roles and Responsibilities
Ministry of Health (MOH)	<ul style="list-style-type: none"> <li>• Mandate to offer promotive, preventive, curative and rehabilitative Health services</li> <li>• Capacity for research, including in Behavioural Insights</li> <li>• Mandate for convening partners across sectors.</li> </ul>	<ul style="list-style-type: none"> <li>• Policy documents and guidelines on NCDs</li> <li>• NCD/Mental Health Unit providing overall strategic oversight over implementation of NCDs and Mental Health</li> <li>• Network of Health Facilities countrywide</li> <li>• Youth friendly corners offering health services to youth</li> <li>• Human Resources (Nurses, Doctors, others specialized in adolescent health, mental health, tobacco control, alcohol, nutrition)</li> <li>• Partnerships with UN and other organizations</li> <li>• Medicines</li> <li>• Training modules for community-based volunteers</li> <li>• IEC Materials</li> </ul>	<ul style="list-style-type: none"> <li>• Foster whole-of- government approach (Health in All Policies) with the involvement of non-governmental actors</li> <li>• Strengthen multi-sectoral National Coordination mechanism (MNCM)</li> <li>• Development of Policy Briefs</li> <li>• Training of trainers and health workers</li> <li>• Provision of essential medicines</li> <li>• Provision of NCDs and Mental Health services at PHC</li> <li>• Development of health education materials</li> <li>• Provide Youth friendly services</li> <li>• Research (Behavioural insights)</li> <li>• Public Awareness Campaigns</li> </ul>

Ministry of Education	<ul style="list-style-type: none"> <li>• Experience in integrating health education into school curricula.</li> <li>• Qualified teachers and educational staff trained in health education.</li> </ul>	<ul style="list-style-type: none"> <li>• Extensive network of schools across the country</li> <li>• Access to educational infrastructure, including classrooms and teaching materials.</li> <li>• Established channels for communication and dissemination of information to students and parents.</li> <li>• Partnerships with other ministries and international organizations for support and resources.</li> <li>• Health rooms</li> <li>• School Health and Nutrition Guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Health Education Integration:</b> Develop and implement curricula that include comprehensive education on NCD risk factors, mental health awareness, and healthy lifestyle practices.</li> <li>• <b>Teacher Training:</b> Conduct training programs for teachers to equip them with the knowledge and skills to deliver health education effectively.</li> <li>• <b>Student Engagement:</b> Organize school-based health promotion activities, such as health clubs, sports events, and interactive workshops, to engage students in learning about NCD prevention and mental health.</li> </ul>
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Ministry of Trade, Commerce and Industry	<ul style="list-style-type: none"> <li>• Regulatory authority over food and beverage industries.</li> <li>• Expertise in trade policies, commerce, and industrial development.</li> <li>• Established relationships with businesses, trade associations, and industry stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>• Regulatory frameworks and mechanisms to enforce industry standards.</li> <li>• Access to market data and industry insights.</li> <li>• Partnerships with international trade and industry organizations.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Regulation and Enforcement</b> Develop standards, strategies and enforce regulations to reduce the sodium and sugar content in processed foods, ensuring compliance with health standards.</li> <li>• <b>Industry Collaboration:</b> Work with food and beverage manufacturers to reformulate products and create healthier alternatives, aligning with public health goals.</li> <li>• Collaborate with other ministries and organizations to educate consumers about the health risks associated with high sodium and sugar intake and promote healthier food choices.</li> <li>• <b>Incentives for Healthy Products:</b> Provide incentives for businesses to produce and market healthier food options, such as tax breaks (MOF), subsidies, and recognition programs.</li> <li>• <b>Monitoring and Evaluation:</b> Track industry compliance with health regulations and assess the impact of trade and commerce policies on public health outcomes related to NCDs.</li> </ul>
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Ministry of Finance	<ul style="list-style-type: none"> <li>• Development of Tax policies</li> <li>• Resource mobilization and allocation</li> <li>• Partnerships with Zambia Revenue Authority</li> </ul>	<ul style="list-style-type: none"> <li>• National Resource envelope</li> <li>• Qualified staff to advise on taxation models and their implementation</li> </ul>	<ul style="list-style-type: none"> <li>• To create an enabling environment for an effective tax structure for tobacco products (75% of WHO recommended), alcohol and SSB.</li> <li>• Submission of tax policy proposals to parliament</li> <li>• Allocation of funds to ministries</li> <li>• Taxing Tobacco, Alcohol and sugar sweetened beverages</li> </ul>
Ministry of Youth and Sport	<ul style="list-style-type: none"> <li>• Development and implementation of youth, sports and arts programme to contribute to physical and mental well-being Policies</li> <li>• Development and implementation of youth policies.</li> <li>• Monitoring implementation of youth policies and programmes through the State of the Youth Report</li> <li>• Coordination of Youth organizations</li> </ul>	<ul style="list-style-type: none"> <li>• National Youth Policy includes NCDS and Mental health</li> <li>• Youth sport and arts centers</li> </ul>	<ul style="list-style-type: none"> <li>• Using Creative Arts and Sport to promote health</li> </ul>
Ministry of Local Government and Rural Development	<ul style="list-style-type: none"> <li>• Development and Enforcement of Laws</li> </ul>	<ul style="list-style-type: none"> <li>• Local Government Act</li> <li>• Local authorities with health education units</li> </ul>	<ul style="list-style-type: none"> <li>• Enforcing Tobacco control regulations and Liquor licensing Act.</li> </ul>

World Health Organization	<ul style="list-style-type: none"> <li>• One of WHO's roles is the provision of technical guidance for implementing health programmes e.g. Guidelines exist for taxing alcohol and SSB.</li> <li>• Evidence Generation Is a core mandate of WHO. WHO has the capacity to support Behavioral Insights projects.</li> <li>• WHO has technical Capacity building conduct Training health workers in various health topics including NCDs and Mental Health.</li> <li>• Ability to convene advocacy for various audiences including development of policy briefs.</li> </ul>	<ul style="list-style-type: none"> <li>• A Team of experts in NCDs, Health Promotion, Data and statistics, Tobacco Control, mental health is available to support this project</li> <li>• WHO mobilizes resources from all the three levels of the organization</li> <li>• Global tax manual for sugar-sweetened beverages (SSBs).</li> <li>• Global Manual on Alcohol Taxes</li> <li>• WHO develops evidence-based tools and standards which exist in NCDs, Mental Health</li> </ul>	<ul style="list-style-type: none"> <li>• Project coordination meetings</li> <li>• Advocacy for enactment of policies and legislation on Tobacco, alcohol, SSB and other risk factors.</li> <li>• Development of Policy briefs on mental health and NCDs Support development/review of national standards on sugar and sodium content in processed foods.</li> <li>• Evidence generation</li> <li>• Training Trainers and health workers on mental health</li> <li>• Technical oversight</li> <li>• Reporting and documentation of best practices.</li> </ul>
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UNICEF	<ul style="list-style-type: none"> <li>• Ensuring a child rights lens to the programme and policy development</li> <li>• Specialist technical and programme experience working with children, adolescents and young people</li> <li>• Provision of technical guidance and technical assistance on NCD and on MHPSS for children, adolescents and young people within and across multiple sectors</li> <li>• Convening of multi-sectoral key stakeholders</li> <li>• Behavioural insights technologies</li> <li>• Provision of technical support around training and monitoring of interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Human resources</li> <li>• Technical guidelines and tools</li> <li>• Social behavioral approaches</li> </ul>	<ul style="list-style-type: none"> <li>• Designing behavioural change models and materials</li> <li>• Developing innovative digital communication tools</li> <li>• Training Trainers and health workers</li> <li>• Development of health education materials</li> <li>• Health promotion campaigns including World Heart Day, World Cancer Day, World No Tobacco Day</li> <li>• Engagement of media</li> <li>• Development of Policy briefs on mental health and NCDs.</li> </ul>
UNDP	<ul style="list-style-type: none"> <li>• <b>Technical Expertise:</b> UNDP has a robust team of health experts, policy analysts, and development specialists who provide technical guidance and support.</li> <li>• <b>Program Management:</b> UNDP has a strong track record in managing large-scale development projects, ensuring efficient implementation, monitoring, and evaluation.</li> <li>• <b>Multi-Sectoral Coordination:</b> UNDP</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Financial Resources:</b> UNDP mobilizes funding from various sources, including bilateral and multilateral donors, to support health initiatives.</li> <li>• <b>Technical Assistance:</b> UNDP provides technical assistance to governments and partners in policy development, program design, and implementation.</li> <li>• <b>Partnership Networks:</b> UNDP has established partnerships with key stakeholders, including</li> </ul>	<ul style="list-style-type: none"> <li>• Advocacy for tax policies on Tobacco, Alcohol and SSB</li> <li>• Support drafting of Health tax policy</li> <li>• Strengthening the Coordination mechanism</li> <li>• Convening MNCM engagements</li> <li>• Development of Policy briefs on mental health and NCDS</li> <li>• Training Peer support groups</li> <li>• Targeting Marginalized Groups</li> <li>•</li> </ul>

	<p>excels in coordinating multi-sectoral approaches that involve various stakeholders, including government ministries, civil society organizations, private sector partners, and international agencies.</p>	<p>government ministries, UN agencies, NGOs, and the private sector, facilitating collaborative efforts and resource sharing.</p>	<ul style="list-style-type: none"> <li>• <b>Preventive Health Measures:</b> UNDP will support the development and implementation of preventive health measures, such as standards/regulations on reducing sodium and sugar content in processed foods, <b>Supporting the process for passing</b> a comprehensive tobacco control bill, and developing sustainable health financing mechanisms, including health taxes on tobacco and alcohol.</li> </ul>
WORLD BANK	<ul style="list-style-type: none"> <li>• Provision of technical guidance</li> <li>• Provision of funding</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of funding for NCDs</li> </ul>	<ul style="list-style-type: none"> <li>• Development of Policy briefs on mental health and NCDs</li> <li>• Provision of funding</li> </ul>
CIDRZ	<ul style="list-style-type: none"> <li>• Provision of technical guidance</li> <li>• Convening</li> <li>• Research</li> <li>• Training</li> </ul>	<ul style="list-style-type: none"> <li>• Staff who are qualified in NCDs and mental health</li> <li>• Wide partnerships with UN, GRZ and other organizations.</li> </ul>	<ul style="list-style-type: none"> <li>• Development of Policy briefs on mental health and NCDs</li> <li>• Capacity building for mental health</li> </ul>
Civil Society (NCDs Alliance)	<ul style="list-style-type: none"> <li>• Advocacy for policy change</li> <li>• Lobbying</li> <li>• Resource mobilization</li> <li>• Community sensitization</li> <li>• Research and surveillance</li> </ul>	<ul style="list-style-type: none"> <li>• Community structures</li> <li>• Finances</li> <li>• Health education materials</li> </ul>	<ul style="list-style-type: none"> <li>• Advocacy for Tobacco control and Alcohol policies</li> <li>• Communication and behaviour change</li> <li>• Training and deploying Community based workers</li> <li>• Health promotion campaigns including World Heart Day, World Cancer Day, World No Tobacco Day</li> <li>• Youth Programmes</li> </ul>

The Youth Platform	<ul style="list-style-type: none"> <li>• Advocating for health and well-being of Zambian youth</li> <li>• Convening young people</li> <li>• Capacity building</li> </ul>	<ul style="list-style-type: none"> <li>• Human resources who are qualified in implementing youth focused programmes</li> </ul>	<ul style="list-style-type: none"> <li>• Developing and dissemination of key messages among the youth</li> </ul>
City, Municipal and Town Councils	<ul style="list-style-type: none"> <li>• Enactment of by laws as provided in the Local Government Act e.g. on tobacco, alcohol, food.</li> <li>• Enforcement of Laws within their localities.</li> <li>• Health Education and Mental Health promotion through their public health departments are provided in various settings.</li> </ul>	<ul style="list-style-type: none"> <li>• Council police</li> <li>• Public health inspectors</li> <li>• Health Education Officers who can offer services in tobacco control, mental health, alcohol and other risk factors</li> <li>• Inspectorate department to ensure compliance to laws</li> <li>• e.g. liquor licensing act and Tobacco control regulations of 1992.</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of health education and testing behavioural change models for youth</li> <li>• Enacting by laws that address the risk factors</li> <li>• Education on compliance to laws</li> <li>• Supporting the mental health promotion and referral pathways to Primary Health Care facilities</li> </ul>
ZAMBIA USAID INTEGRATED HEALTH PROJECT	<ul style="list-style-type: none"> <li>• Capacity building</li> <li>• Resource mobilization</li> </ul>	<ul style="list-style-type: none"> <li>• Network of partners implementing youth centred programmes</li> <li>• Mental Health</li> </ul>	<ul style="list-style-type: none"> <li>• Health education</li> <li>• Youth Peer group training</li> <li>• IEC materials</li> <li>• Health worker training</li> </ul>

## **2.7 Describe how the proposed intervention adheres to and advances human rights principles and gender equality.**

### **Human rights, equity and gender**

Zambia, as a WHO member state, is committed to ensuring that all citizens enjoy the highest standard of health, regardless of race, religion, political belief, or social status, in line with WHO's constitution. This program adopts a human rights-based approach, focusing on key principles like participation, equality, and nondiscrimination, while leveraging existing legal frameworks and accountability mechanisms.

The project targets six districts with the highest NCD burden, ensuring no one is left behind. Data from the 2017 Zambia STEPS survey, which includes sex-disaggregated data on risk factors and health services access, will inform gender analysis to support the program. The UNCT [Gender Equality Marker](#) will track investments in gender equality, with a program monitoring incorporating gender mainstreaming efforts.

During implementation, actions to enhance human rights, equity, and gender focus will include: 1) Promoting the use of sex-disaggregated data and gender analysis; 2) Analyzing data, policies, and laws to identify disadvantaged populations using the [RESPECT Framework](#); 3) Building capacity in gender analysis with an equity and human rights focus; and 4) Conducting awareness, advocacy, and policy dialogues on gender and human rights integration in health actions.

### **Strengthening participation of civil society and inclusion of people living with NCDs and mental health conditions**

This proposal's design and implementation has included CSOs including NCD Alliance, and they will continue to be engaged during project implementation through the multi-sectoral working group. The project is designed to promote multi-sectoral action particularly in addressing risk factors. For example, Mental Health Users' networks will be involved to ensure the participation of people with mental disorders and to raise awareness and fight stigma and discrimination. Mechanisms for engaging community-based groups and associations such as the Heart and Stroke Foundation, Diabetes Association, and Cancer Society will be strengthened to support action on risk factors. The youth, who are a vulnerable group, will be reached through the support of schools and non-governmental organizations. They will be engaged throughout the programme in consultation, supporting co-creation and in supporting implementation of activities for prevention and promotion.

## **2.8 Describe the sustainability and transition plan for the requested support.**

### **Sustainability**

The programme team recognizes that this fund is catalytic in nature and is working with government and development partners to ensure actions are sustained.

a. **Health promotion fund:** Financial sustainability will be achieved through domestic resource mobilization through advocacy for creation of a health promotion fund from earmarked taxes. Revenue generated from health taxes will be allocated to health programs including NCDs and Mental health programmes, creating a sustainable funding source. Advocacy for increased government budget allocations for health will ensure ongoing financial support.

b. **Mainstreaming and scale up:** The grant will supplement existing government resources for implementation during the NHSP 2022-2026 funding cycle. The scaling up of the implementation of the activities will be included in the next funding cycle of the NHSP for 2027- 2031. The youth-focused interventions will also be mainstreamed into the Youth Empowerment work of Government through the Ministry of Youth, Sport and Arts, and leverage resources under the Joint GRZ-UN Programme on Youth. NCDs are also incorporated in the [Zambia-UN Sustainable Development Cooperation Framework \(UNSDCF\) 2023-2027](#) through which additional funding will be raised as we move towards 2030 through the leadership of UNDP, UNICEF and WHO. UN agencies' budgets will incorporate specific budget lines for NCDs in line with their agreed country cooperation strategies and plans.

c. **Institutionalization of policy and regulatory measures:** Supporting regulatory and fiscal policies is self-sustaining. Comprehensive tobacco control laws, health taxes, and food regulations will be institutionalized, providing a lasting framework for action and ensuring sustained efforts beyond the grant's lifetime. Continuous training and development of healthcare workers will create a skilled workforce capable of managing NCDs and mental health issues, ensuring the sustainability of health services.

d. **Scale up of UN and development partner action on NCDs & mental health:** Moving beyond 2026, the subsequent Zambia UNSDCF will also prioritize the scale up of NCDs and Mental Health services as the last mile towards 2030. There will also be a deliberate move to incorporate NCDs in other funding streams such as the Global Fund. Linking NCD services with other disease-specific programmes e.g. HIV, TB, reproductive health, maternal and child health, nutrition and mental health including emergencies will be put into practice. The project will leverage funds from international partners and align them with domestic resources to maximize the impact and efficiency of health investments.

e. **Community engagement and ownership:** This will be fostered by involving communities in health promotion and prevention activities, ensuring interventions are culturally appropriate and supported by the community. Educating the public about healthy lifestyles and preventive measures will lead to lasting behavior change, reducing the incidence of NCDs and mental health issues in the long term. Models for behavior change (e.g., digital tools) and mental health service delivery for youth, if shown to be effective and efficient will be adopted by the government to scale up into routine programming.

## Transition

Activities in this proposal are time bound and will transition to domestic funding, future

applications to H4LF may focus on addressing industry interference in tobacco, alcohol and food policies. Focus areas could target existing and remaining including emerging challenges that sustain policies on tobacco production and its impact on climate change, alcohol manufacturing, smuggling and illicit liquor manufacturing including food industry.

## 2 Impact

### 3.1 Describe the proposed intervention's catalytic objective.

The overall goal of the proposed project is to significantly reduce the burden of NCDs and mental health issues in Zambia through a comprehensive, multi-sectoral approach. The project's interventions specifically target youth. Habits adopted during adolescence are likely to persist in adult life. Hence, it is important to detect and manage harmful behaviors related to NCDs early. These risk factors can be less damaging if identified early in life when habits are still forming. This offers better health, more years of productivity and certainly a lesser cost of health care to the nation.

This project therefore focuses on strengthening governance and the policy environment to address risk factors, developing behaviour change models among youth and viable models for mental health service delivery. Advocacy efforts will push for the adoption of comprehensive tobacco control laws, health tax policies, and food regulations, setting a legal and regulatory foundation for sustained public health improvements. Implementing health taxes on products such as tobacco, alcohol, and sugary beverages can serve a dual purpose: generating substantial revenue for health initiatives and reducing the consumption of harmful products by young people.

Strengthening national coordination mechanisms will ensure ongoing collaboration between government ministries, UN agencies, civil society, and the private sector, thereby enhancing policy coherence and implementation. Interventions are designed to catalyze effective political, financial, and technical responses that will drive sustainable health outcomes as described in the sections below.

#### **Impact on sustainable financing for NCDs and mental health prevention and health promotion**

As already described in section 2.8 above, the establishment of a Health Promotion Fund based on the introduction and increase in health taxes for tobacco, alcohol and food products would create a sustainable funding source for health programs and reduce reliance on external funding. Revenue from health taxes could finance interventions and strategies that are in Zambia's National Health Strategic Plan 2022-2026, the National Strategy on Prevention and Control of NCDs, the National Tobacco Control Strategy as well the Alcohol policy and its implementation plan.

The advocacy through policy briefs and engagements with Ministry of Finance to increase government spending on NCDs will secure increased government budget allocations for NCD

prevention and control to the sectors such as health, education and local government. The project will also align its activities with the priorities of international development partners to attract additional funding and technical support.

### **Exponential impact of reduction in exposure to risk factors in youth**

The use of national taxes and legislation is recognized as part of the WHO best buys for addressing NCDs and can create an environment to protect young people from harmful behaviors. Using taxes for unhealthy substances such as alcohol and tobacco and sugar sweetened beverages will limit access as a result of rises in prices. Laws that ban advertising, sponsorship and promotion of these products targeting young people have the potential to reduce likelihood of engaging in harmful behaviours. Meanwhile, government revenue from tobacco taxes will be increased. Taxes are effective for young people whose purchasing is particularly sensitive to price increases.

Restrictions on trading days and hours, requirements for health warnings in advertisements, and bans on the sale of traditional brews in unregulated places such as homes can protect young people from accessing alcohol. Although these measures are designed to address the broader population, they can work well to curb drinking among young people, who are highly susceptible to alcohol marketing and who often begin drinking in environments where alcohol is easily accessible.

Legislation can also significantly reduce sodium consumption among young people who tend to eat convenient, processed foods high in salt, such as snack chips, cereals, and breads. Legislation to ban smoking in public places and to ban tobacco advertisement, promotion and sponsorship; laws requiring health warnings on tobacco packages; tax changes on tobacco products is in the process of enactment and will protect young people from exposure to tobacco some and initiation. This is a key impact for prevention of disease and premature death.

Educating the youth about the risk factors of NCDs will foster a culture of prevention and encouraging healthier lifestyles thereby reducing exposure to risk factors among young people. For example, if young people do not start smoking by the time they are 20 years, it is unlikely that they will become smokers. Public health campaigns that raise awareness about the health risks associated with the consumption of taxed products and the benefits of the taxes can enhance public acceptance and compliance. Alcohol use among young people can lead to other harmful habits such as smoking and substance abuse. The benefit of this project is that it can significantly reduce the anticipated burden of NCDs in later life.

### **Exponential impact of mental healthcare delivery for young people**

Beyond policy and structural changes, successful NCD interventions promote protective factors such as a positive sense of self; good decision-making skills; and strong, supportive relationships in all aspects of adolescents' lives. Universally delivered psychosocial interventions will contribute to positive programme effects by reducing the vulnerability of young people to using harmful substances and promote healthier behaviours including reduction in depression and suicide. Core programme components will include cognitive, social, emotional and physical



domains and may include emotional regulation, problem-solving, interpersonal skills, mindfulness, assertiveness, stress management, as well as drug and alcohol education and gatekeeper training. Psychosocial interventions with adolescents increase mental health literacy, provide the foundational cognitive emotional and social skills at a time when many health-related behaviours are acquired or are consolidated. The Helping Adolescents Thrive (HAT) Initiative is an evidence-based joint WHO-UNICEF effort to strengthen policies and programmes for the mental health of adolescents which will bring value to the programme in improving mental health and preventing risks. Interventions can promote positive youth development, prevent mental health conditions and prevent risky behaviours such as bullying, self-harm and substance use, and several other health outcomes such as sexual and reproductive health.

Promotion of healthy diets and physical activity, as part of recreation and leisure (play, games, sports or planned exercise) and physical education, improve school performance and other cognitive outcomes and reduce symptoms of depression among adolescents. Training youth as champions and peer mentors will strengthen their capacity and participation and trigger strengthened community action and linkage to health services.

The services will be strengthened further through the use of innovative approaches such as use of digital and online tools to reach more young people and make access to services easier. Introducing models of prevention and care for mental health in health facilities and youth friendly centres while linking to other community settings such as schools, youth centres and community-based services will improve access and strengthen systems for mental health care delivery. Capacity building through training programs for healthcare workers will enhance their ability to diagnose, treat, and manage mental health conditions, and improve service delivery of youth focused services. Strengthened partnerships will result through local authorities and NGOs working in communities to provide psychosocial services, peer led- inter group therapy models, mentorship programmes, fighting depression, stigma and discrimination, using grassroots sports events, life skills training, and education on risk factors.

**3.2 Describe the project's proposed theory of change in a log frame that includes the following components:**

**Table 2: Theory of Change**

Objectives	Input	Activities	Outputs	Outcomes
1. Strengthen and develop policies for tobacco control, alcohol misuse, processed foods, and enhance multi-sectoral coordination for NCDs by 2027.	<ul style="list-style-type: none"> <li>• Multi-sectoral expertise in policy Development from Health, Finance, Justice and Civil society.</li> <li>• Developing innovative financing models including Health taxes and social impact bonds.</li> <li>• Technical expertise to determine models for funding health promotion through tax on harmful products.</li> <li>• Collaboration and monitoring platform.</li> </ul>	<b>Policy Development:</b> <ul style="list-style-type: none"> <li>• Drive the formulation and enforcement of evidence-based policies on tobacco control, alcohol, healthier diets, and mental health.</li> <li>• Develop health taxes on tobacco, sugar, alcohol, and social impact bonds to fund health services.</li> <li>• Advocacy for and establishment of the Health Promotion Fund.</li> <li>• Advocacy and capacity building for law enforcement</li> </ul>	<ul style="list-style-type: none"> <li>• The Tobacco Control Bill is aligned with WHO FCTC and presented in Parliament.</li> <li>• The Alcohol Licensing Act and National Alcohol Policy are amended.</li> <li>• Comprehensive Health tax policy developed and implemented.</li> <li>• A detailed analysis of the impact of health taxes on both consumer behavior and government revenue conducted</li> <li>• National policy/strategy/st andards on sodium and sugar content in processed foods developed and implemented.</li> <li>• Health Promotion Fund established.</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthened policy environment and sustainable financing for reducing risk factors and improving population health.</li> </ul>

<p><b>2. Strengthen multi-sectoral coordination for NCDs, alcohol, tobacco, mental health by 2027</b></p>	<ul style="list-style-type: none"> <li>Coordinated efforts from the health sector, education, social services, finance and relevant government and private sector entities to create a multi-sectoral response.</li> <li>Health in All Policies Coordination platforms</li> </ul>	<ul style="list-style-type: none"> <li>Partner mapping</li> <li>Develop resource mobilization plans</li> <li>Coordination &amp; Implementation: Strengthen Multi-sectoral Coordination mechanisms for NCD and mental Health prevention through Health in All Policies approaches.</li> </ul>	<ul style="list-style-type: none"> <li>Enhanced multi-sectoral coordination mechanisms in place for NCD and mental health prevention and control.</li> </ul>	<ul style="list-style-type: none"> <li>Improved coordination leads to more effective and widespread implementation of NCD and mental health interventions.</li> </ul>
<p>2. Enhance youth awareness, skills, and access to mental health services for NCD prevention by 2027.</p>	<ul style="list-style-type: none"> <li>Health sector expertise on behavior change and education youth ministries, and other key line ministries, private sector and CSOs involvement for youth engagement.</li> </ul>	<p><b>Preventive Strategies:</b></p> <ul style="list-style-type: none"> <li>Launch youth-centered Awareness campaigns in schools and communities targeting risk factors.</li> <li>Collecting behavioural insights and testing BH models.</li> <li>Develop digital tools for MH screening, referral and Health education.</li> </ul>	<ul style="list-style-type: none"> <li>Increased awareness among adolescents and youth in schools, colleges, universities, and communities.</li> <li>Effective interventions designed and tested to change youth behaviors.</li> </ul>	<ul style="list-style-type: none"> <li>Reduced youth exposure to risk factors like tobacco, alcohol, and unhealthy diets due to improved awareness.</li> </ul>

**4. Increase access to improved mental health services for youth by 2027**

<ul style="list-style-type: none"> <li>• Technical support from health and social services sectors, ministry of education, youth and CSOs to improve mental health delivery at community and PHC levels.</li> </ul>	<p><b>Mental Health Delivery Model:</b></p> <ul style="list-style-type: none"> <li>• Develop and scale integrated mental Health Services in primary healthcare and community settings.</li> <li>• Train HWs, champions and Peer Educators,</li> <li>• Develop digital tools and online counselling services.</li> <li>• Integration of Services in PHC, schools and communities</li> </ul>	<ul style="list-style-type: none"> <li>• Increased understanding of mental health conditions and importance of seeking help.</li> <li>• Increased access to mental health services through digital tools</li> <li>• Expanded access to mental health services in primary health care, schools, youth resource centers, and community centers</li> <li>• Healthcare workers at primary health care level equipped with skills and knowledge in mental health care</li> </ul>	<ul style="list-style-type: none"> <li>• Enhanced availability of MH services, resulting in better MH outcomes, especially underserved regions</li> <li>• Increased institutional capacity and investment in MH Services for youth</li> </ul>
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**Table 3: Theory of change log frame**

Objective	Expected Outcome (EO)	Baseline	Target	Indicator of Performance	Method of Verification
1. Strengthen and develop policies for tobacco control, alcohol misuse, processed foods, and enhance multi-sectoral coordination for NCDs by 2027.	Strengthened policy environment and sustainable financing (Health promotion fund and other innovative finance instrument) for reducing risk factors and improving population health.	0	1	The Tobacco Control Bill reviewed and presented to the National Assembly	Public release of the Policy documents.  Approved documents.
		0	1	Alcohol Policy Updated.	Approved Document.
		0	1	Liquor Licensing Act updated.	Approved Document.
		0	1	Resolutions of the national conference on regulation of sale of alcoholic drinks documented and approved by all stakeholders.	Adopted Resolutions.
		0	1	National policy on health taxes developed and establishment of health promotion fund	Policy document
		0	2	National standards and/or regulations on sodium and sugar content in processed foods developed and approved.	Approved Standards
<b>To strengthen the functionality of multi-sectoral tobacco control,</b>	Improved coordination leads to more effective and widespread	1	1	Expanded and Active National NCDs Coordination Mechanism and its TWGs	TWG Minutes

<b>alcohol, mental health and other risk factors Coordination and implementation mechanisms for prevention and control of NCDs by 2027.</b>	implementation of NCD and mental health interventions.	50	80	Percentage of NCDs partners actively engaged in NCDs prevention and control.	Increase in NCDs programmes addressing Risk factors
		0	3	Number of Joint activities conducted	Reports
		0	1	Availability of Resource mobilization plan	Amount of funds raised
		0	30	Increase in funding levels by taskforce members to joint workplans.	Financial Reports.
2. Enhance youth awareness, skills, and access to mental health services for NCD prevention by 2027.	Reduced youth exposure to risk factors like tobacco, alcohol, and unhealthy diets due to improved awareness.	26	10	Prevalence of tobacco use among youths aged 13-15yrs.	Prevalence Level of Tobacco use.
		0	1	Youth Centred multimedia National campaign on risks of alcohol use with focus on adolescents and the youth.	Awareness and knowledge levels on risks of alcohol misuse.
		0	1	Youth Centred multimedia National campaign on risks of tobacco use with focus on adolescents and the youth.	Awareness and knowledge levels on risks of tobacco use.
		0	1	Youth Centred multimedia National campaign on risks of NCDs	Increase in Awareness Levels
		0	1	Availability and use of digital tools for Mental health screening, referral and Health education.	Activity and coverage Reports
		0	1	Existence Youth centred interventions in schools, health	Service Mapping-report

				facilities and communities	
		0	2	Behavioural Survey on barriers to adoption of protective behaviours for NCDs risk factors.	Survey Report and use of findings in programming.
<b>Objective: To increase access to improved and innovative mental health services by adolescents and youth in health facilities, schools and community settings by 2027</b>	Increased access to mental Health Services, leading to Improved mental Health outcomes, particularly in underserved areas.  Increase institutional capacity and investment in MH Services for youth	50	70	Percentage of Health Centres with capacity to offer mental health services to adolescents and youth.	Increase in youth benefiting from services and referral
		50	70	Percentage of schools with capacity to offer mental health services to adolescents and youth.	Increase in youth benefiting from services and referral
		50	70	Percentage of community facilities with capacity to offer mental health services to adolescents and youth.	Decrease in youth reporting and referral
		50	80	Percentage of staff trained at PHC in mental health.	Number of available qualified staff offering services
		40	80	Percentage of peer educators trained in mental health counselling and psychosocial skills group therapy	Peer Educators trained and active in-service provision.
		50	80	Incremental increase of people under 25 seen in selected PHCs.	Service Reports
		30	70	Identification and referral to treatment	Service Reports

				and other support services.	
		0	1	Measurements of satisfaction of under 25s receiving mental health supports at PHC	Survey Report
		0	1	Existence and use of digital tools and online counselling services.	Service coverage reports

**Table 4: Outputs timeline**

Outputs	Year 1				Year 2				Year 3			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>O1.1: The Tobacco Control Bill is aligned with WHO FCTC and presented in parliament</b>												
Policy dialogue with parliamentarians, civil society, and other stakeholders advocate for the bill.												
Organize community outreach programs to educate the public about the benefits of the Tobacco Control Bill.												
Collaborate with the Ministry of Justice and other relevant authorities to draft and refine the bill.												
<b>O1.2: The Alcohol Licensing Act and National Alcohol Policy are amended</b>												
Advocate for amendments through collaboration with parliamentarians and civil society.												



Support the Ministry of Local Government and Rural Development in revising the Liquor Licensing Act of 2011.													
Conduct public consultations and campaigns to gather input and build consensus input and build consensus.													
<b>O1.3: Comprehensive Health tax policy developed and implemented</b>													
Collaborate with the Ministry of Finance and National Planning to draft the health tax policy.													
Establish a transparent allocation criterion for NCD prevention and control programs.													
Develop an implementation and monitoring framework for the health tax policy.													
<b>O1.4: National policy/strategy/standards on sodium and sugar content in processed foods developed and implemented</b>													
Work with the Ministry of Green Economy and Environment, Ministry of Commerce, Trade and Industry, Ministry of Health, and Food Manufacturers to develop/review existing national regulations and standards on sugar and sodium content in processed foods.													
Conduct workshops and consultations to develop the policy.													
Implement and monitor the standards through regular assessments and compliance checks.													
<b>O2.1: Enhanced multi-sectoral coordination mechanisms in place for NCD and mental health prevention and control.</b>													
Identify and engage key stakeholders from various sectors (government, food industry, academia).													

Develop a framework for coordination and collaboration for NCDs and Mental Health												
Conduct regular meetings to facilitate implementation and monitor progress.												
Develop a financing and operational strategy for NCD prevention and control.												
<b>O3.1: Increased awareness among adolescents and youth in schools, colleges, universities, and communities</b>												
Develop and distribute educational materials on NCD prevention.												
Create gamified health education apps to engage youth in healthy behaviors												

Monitor and evaluate the effectiveness of digital interventions													
O3.2: Effective interventions designed and tested to change youth behaviors.													
Conduct research to understand behavioural drivers related to tobacco use, alcohol consumption, and unhealthy diets.			X										
Design and test interventions using behavioral insights.													
Scale up successful interventions.													
<b>O4.1: Increased understanding of mental health conditions and importance of seeking help</b>													
Recruit and train young people as health champions and peer mentors.	X												
Organize peer-led workshops and community support groups.		X				X				X			
Develop creative art and sport activities for youth and prevention of Mental health													
<b>O4.2: Increased access to mental health services through digital tools</b>													
Develop and promote telehealth services, online counseling platforms, and mental health apps.													
<b>O4.3: Expanded access to mental health services in primary health care, schools, youth resource centers, and community centers</b>													
Integrate mental health services into existing health care and educational facilities.													
Provide training and resources to support mental health service delivery.													

<b>O4.4: Healthcare workers at primary health care level equipped with skills and knowledge in mental health care</b>											
Develop and deliver training programs for healthcare workers mental health service delivery.											
Provide ongoing support and supervision to ensure quality care.											
Conduct regular assessments to identify training needs and gaps											

### 3 Risk assessment

What risks and challenges will complicate this project, and how they will be managed and overcome?

**Table 5:** Risk mapping

<b>Event Description</b>	<b>Category</b>	<b>Level</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Mitigating Measures</b>	<b>Risk Owner</b>
Political election campaigns in 2026	Political	High	High	Medium	Engage stakeholders early, maintain regular communication, align project goals with national priorities and plan ahead and accelerate implementation before the political event	Ministry of Health
Gaps in funding for complementary activities to this proposal	Financial	Medium	Medium	High	Secure multiple funding sources, establish contingency funds, regular financial audits	Project Finance Team
Resistance from tobacco, alcohol, and food industries	Stakeholder Opposition	High	High	High	Develop robust advocacy strategies, engage in dialogue, build coalitions with civil society and leveraging existing community support	Ministry of Health

Limited technical capacity in healthcare workers	Human Resources	Medium	Medium	Low	Conduct regular training sessions, provide ongoing support and supervision, collaborate with educational institutions	Training Department
Public resistance to new policies and interventions	Social	Medium	Medium	Medium	Launch comprehensive public awareness campaigns, involve community leaders, and support groups to provide clear benefits and evidence	Communications Team
Data collection and monitoring challenges	Technical	Medium	Medium	High	Implement robust data management systems, provide training on data collection and analysis, regular monitoring and evaluation	Data Management Team
Delays in policy implementation and legislation	Legal/Regulatory	High	Medium	High	Engage with policymakers early, robust advocacy from CSOs to provide evidence-based research, establish clear timelines and accountability	Ministry of Health, CSOs
Natural disasters or pandemics affecting implementation	Environmental	Medium	Low	High	Activate disaster response plans, ensure project flexibility, establish emergency funds	Risk Management Team
Cultural barriers to mental health awareness	Cultural	Medium	Medium	Medium	Conduct culturally sensitive campaigns, involve local influencers, CSOs, provide education on mental health issues	Communications Team, CSOs
Cultural barriers to mental health awareness	Cultural	Medium	Medium	Medium	Conduct culturally sensitive campaigns, involve local influencers, CSOs, provide education on mental health issues	Communications Team, CSOs

Resistance to health tax policies	Economic	High	Medium	High	Provide evidence of benefits, engage with economic stakeholders, and CSOs, gradual implementation of policies	Ministry of Finance and national Planning, other ministries and CSOs
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## 4 Budget

Attached as Excel Template.

In this narrative section, the matching funds from domestic budgets and/or other development partners allocated to supporting this budget are:

1. WHO will contribute USD 50,000 towards the monitoring and evaluation of integrated mental health services.
2. UNICEF has pledged an additional USD 50,000 for community outreach programs and educational material distribution.
3. UNDP has secured USD 50,000 in-kind to support workshops and policy revisions.








Budget Lines	UNDP	UNICEF	WHO	Total
1. Staff and other personnel	30,000.00		30,000.00	60,000.00
2. Supplies, Commodities, Materials	70,000.00	74,080.00	120,000.00	264,080.00
3. Equipment, Vehicles, and Furniture, incl. Depreciation				0.00
4. Contractual services	172,984.00	50,000.00	200,642.00	423,626.00
5. Travel	90,000.00	30,000.00	60,000.00	180,000.00
6. Transfers and Grants to Counterparts				0.00
7. General Operating and other Direct Costs			6,000.00	6,000.00
<b>Project Costs Sub Total</b>	362,984.00	154,080.00	416,642.00	933,706.00
8. Indirect Support Costs 7%	25408.88	10785.6	29164.94	65359.42
<b>Total</b>	<b>388,392.88</b>	<b>164,865.60</b>	<b>445,806.94</b>	<b>999,065.42</b>

## 5 Workplan


Attached as Excel Template

## E-signatures of implementing partners

*Include signatures by Representatives of each Participating UN Organization (PUNO), government entity, civil society and any other implementing partner. Add as many rows as required.*

Category	Name	Position, Organization	Signature
UN Resident Coordinator	<u>Ms Beatrice Mutali</u>	UN Resident Coordinator	
Government representative	Dr Kennedy Lishimpi	Permanent Secretary – Technical Services - MOH	
Convening/Lead UN Organization	Dr Nathan Bakyaia	WHO Representative WHO	
Participating UN Organization 2	Daniel Ojjo Odhiambo	UNDP OIC UNDP	
Participating UN Organization 3	Dr Penelope Campbell	UNICEF Representative, UNICEF	
Civil society Organization 1	Professor Fastone Goma	Chairman, Zambia Non-Communicable Diseases Alliance (ZANOCODA)	
Civil society Organization 2	Sibu Malambo	Executive Director The Youth Platform	

## E-signatures of UN Health4Life Fund Steering Committee

Category	Name	Position, Organization	Signature
Convening/Lead UN Organization	Jérôme Salomon	Assistant Director General, Universal Health Coverage/Communicable and Noncommunicable Diseases, World Health Organization  Permanent Co-Chair of Health4Life Fund Steering Committee	



## Annex 1: Health4Life Fund Programmatic & Grantmaking Framework

Pillar 1: Integration		
1A: Health Financing UHC and HSS Co-morbidities (e.g., HIV, TB through Global Fund co-morbidities policy) Pandemic preparedness & response Parallel Financing (e.g., with World		1B: NCDs and Mental Health in Populations in Special Settings People in conflict, disaster, humanitarian, migration settings Other vulnerable and marginalized populations
Pillar 2: Risk Factor Prevention		
2A: Healthy Living Physical inactivity Tobacco use Unhealthy diets Harmful use of	2B: Climate & Health Air pollution	2C: Psychosocial Support & Suicide Prevention Highly hazardous pesticides Lack of socioemotional learning Stigma and discrimination
Pillar 3: Strengthening Health Systems & Integrated Service Delivery		
3A: NCDs Diabetes s Cancers Respiratory illness Cardiovascular		3B: Mental Health Conditions Mental Disorders Neurological disorders substance use disorders
Pillar 4: Disease Elimination		
Cervical cancer		

## Annex 2: Guidance for Preparation of Workplan & Results Budget of Concept Note & Project Proposal

*The applying UN country offices should consult with their finance team for appropriate budget appropriation.*

### General Guidance:

1. Please do no merge cells;
2. Please do not delete any column;
3. Please do not change column and row headers and colors;
4. Blue and yellow cells are formulas and should not be altered. Information should be entered ONLY in white cells.
5. All budget lines must indicate the exact amount with Two Decimal Digits
6. The only Tab to be completed is tab named "Tab 1. Detailed Budget"; while the other two tabs named "Tab 2. by reporting class" and "Tab 3. Workplan" will be automatically generated based on the information entered in " Tab 1. Detailed Budget".

### Guidance for Completing “Tab 1. Detailed Budget” (RBB):

1. This table aims to translate the logical framework of the project into budget/financial resource requirements by (a) budgeting the inputs needed for the delivery of each activity (see columns C-F "item budget line", \$/Unit/Quantity); and by (b) describing the annual costs of those activity as per proposed "workplan" (columns G-J "budgeted workplan"). The total columns (F and J) should be identical in any rows. If they are not, look for typos in your entry.
2. Add as many rows as required to properly reflect the proposed logical framework: number of objectives, outputs, and activities. In doing so, ensure to maintain the template formatting, and for the colored cells copy/paste formulas. Please ensure to clearly summarize the activities: ex. how many workshops? If multi-year project, how many per year? How many participants per workshop? duration of the workshop? / If a toolkit: how many subject matter experts? level of expertise? is travel to the region/country needed, and so on.
3. Please enter one value type per cell from column B onward.
4. Units and quantities have to be clearly specified for each budget line of the activities. The lead entity should ensure consistency in the use of unit and figures for similar activities by other implementing entities (IE). No matter how many IEs, the project is one and as such consistency and cohesiveness is expected.
5. Each budget item line must indicate the object class under which the cost will be financially reported. The information provided in the column "K" - Reporting Object Class- is essential to have " Tab 2. by reporting class" automatically generated. Misspelling of the reporting class or leaving a blank cell in this column will result in error/miscalculation

of " Tab 2. by reporting class".

6. For activities where Staff and Other Personnel Costs are foreseen, in the description, please ensure to clearly specify whether it is for (a) project personnel; (b) other staff costs for short-term GTA; (c) consultants and experts. With regard to consultants and experts, ensure to specify if it is international consultants, or national consultants. If travel is required, please ensure to budget it as travel cost of consultants or staff in the specific activity. Please be reminded that as general guiding principle: whenever feasible, national consultants instead of international should be preferred in order to promote sustainability and local/national capacity development in the country. Moreover, all staff for the management/coordination of the project activities should be listed under "Other Project Costs" (at the end of the table); while contractors/consultants/experts should be budgeted under the relevant activities for which their service/specialized expertise is required.
7. For activities where Contractual Services are foreseen, provide in the description the type of national, regional, or international institutions, companies, IGOs, or NGOs. Whenever feasible, national institutions instead of international should be preferred in order to promote sustainability and local/national capacity development in the country.
8. Under Other Project Requirements please specify not only the staffing requirements, but also project's associated costs to run the office responsible for the implementation of the project, e.g., rental (include % of the overall cost), communication (include % of the overall cost), supplies monitoring evaluation cost (2-3% of the operational project cost, see tables).
9. Please remove the red font tips throughout the table when the consolidate budget document is ready for submission.